

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1957

STATE FILE NUMBER 45521

Registration District No. 316 Primary Registration District No. 6074 Registrar's No. 419

1. PLACE OF DEATH a. COUNTY St. Francois				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Francois			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Desloge			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Desloge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 308 Monroe			Length of stay in lb 80 years	d. STREET ADDRESS (If outside, give location) 308 Monroe			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First William Middle Edward Last Jones				4. DATE OF DEATH Month Dec. Day 23 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 25, 1875		9. AGE (In years last birthday) 81	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner		10b. KIND OF BUSINESS OR INDUSTRY Lead Industry		11. BIRTHPLACE (City and state or country) St. Clair, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Sam Jones				14. MOTHER'S MAIDEN NAME Mary Walls			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Address Medford Jones Cantwell, Missouri			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inf. Coronary infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) sclerosis coronary artery DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH 7 Wks
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Nov 1957 to 12-23-57 and last saw her alive on 12-23-57 Death occurred at 12-23-57 on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE W. H. Sealey M. D. (Degree or title)				22b. ADDRESS Desloge, Mo.		22c. DATE SIGNED 12-27-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/25/'57	23c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery		23d. LOCATION (City, town, or county) (State) St. Francois, Co. Mo.		
24. FUNERAL DIRECTOR Boyer & Son		ADDRESS Desloge, Mo		25. DATE RECD. BY LOCAL REG. Dec. 27, 1957		26. REGISTRAR'S SIGNATURE Esther Rudloff	

JAN 9 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed D. T. Boyer

Licensed Embalmer No. 36

P. O. Address Wesley

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If a student signs, it constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.